



Classroom Code:

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Building Code:

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USD #:

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PLEASE DO NOT REMOVE THIS FORM





Information About Your Child

1. Your child's Date of birth? Example April 10, 1997 =

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| 0 | 4 | / | 1 | 0 | / | 1 | 9 | 9 | 7 |
|---|---|---|---|---|---|---|---|---|---|

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2. Is your child a: (mark one)

- ☐ Girl
- ☐ Boy

3. Is your child Hispanic or Latino? (mark one)

- ☐ Yes
- ☐ No
- ☐ Don't know / Not sure
- ☐ Refuse to answer

4. How do you describe your child? (mark all that apply)

- ☐ American Indian or Alaska Native
- ☐ Black or African American
- ☐ Native Hawaiian or Other Pacific Islander
- ☐ Asian
- ☐ White
- ☐ Don't Know / Not Sure
- ☐ Refuse to Answer

5. What is the primary language spoken in your home? (mark one)

- ☐ English
- ☐ Spanish
- ☐ Vietnamese
- ☐ Other
- ☐ Don't know / Not sure
- ☐ Refuse to answer

6. Your child's grade: (mark one)

- ☐ Kindergarten
- ☐ 1st grade
- ☐ 2nd grade
- ☐ 3rd grade
- ☐ 4th grade
- ☐ 5th grade
- ☐ Don't know / Not sure
- ☐ Refuse to answer

7. In school, my child makes: (mark one)

- ☐ Mostly A's
- ☐ Mostly B's
- ☐ Mostly C's
- ☐ Mostly D's
- ☐ Mostly F's
- ☐ Letter grades not given
- ☐ Don't know / Not sure
- ☐ Refuse to Answer

8. What is the highest level of education completed by the child's mother or female guardian? (mark one)

- ☐ Less than high school
- ☐ High school
- ☐ Some college, or associates degree
- ☐ Graduated college
- ☐ Master's degree or above
- ☐ Don't know / Not sure
- ☐ Does not apply

9. What is the highest level of education completed by the child's father or male guardian? (mark one)

- ☐ Less than high school
- ☐ High school
- ☐ Some college, or associates degree
- ☐ Graduated college
- ☐ Master's degree or above
- ☐ Don't know / Not sure
- ☐ Does not apply



Information About Your Child

10. Does your child get school breakfast or lunch for free or at a reduced cost?

- ☐ Yes
- ☐ No
- ☐ Don't know / Not sure
- ☐ Refuse to answer

11. During the current school year, for how many days has your child been suspended from school for disciplinary reasons?

- ☐ None
- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5 or more
- ☐ Don't know / Not sure
- ☐ Refuse to answer

12. During the current school year, how many days has your child received in-school suspension for disciplinary reasons?

- ☐ None
- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5 or more
- ☐ Don't know / Not sure
- ☐ Refuse to answer

13. How tall is your child without his/her shoes on?
Write his/her height in the shaded blank boxes.
Fill in the matching oval next to each number.

| Height | |
|-------------------------|--------------------------|
| Feet | Inches |
| | |
| <input type="radio"/> 3 | <input type="radio"/> 0 |
| <input type="radio"/> 4 | <input type="radio"/> 1 |
| <input type="radio"/> 5 | <input type="radio"/> 2 |
| <input type="radio"/> 6 | <input type="radio"/> 3 |
| <input type="radio"/> 7 | <input type="radio"/> 4 |
| | <input type="radio"/> 5 |
| | <input type="radio"/> 6 |
| | <input type="radio"/> 7 |
| | <input type="radio"/> 8 |
| | <input type="radio"/> 9 |
| | <input type="radio"/> 10 |
| | <input type="radio"/> 11 |

14. How much does your child weigh without his/her shoes on?
Write his/her weight in the shaded blank boxes. Fill in the matching oval next to each number. If your child weighs less than 100 pounds leave "Column A" blank

| Weight | | |
|-------------------------|-------------------------|-------------------------|
| Pounds | | |
| A. | B. | C. |
| <input type="radio"/> 1 | <input type="radio"/> 0 | <input type="radio"/> 0 |
| <input type="radio"/> 2 | <input type="radio"/> 1 | <input type="radio"/> 1 |
| <input type="radio"/> 3 | <input type="radio"/> 2 | <input type="radio"/> 2 |
| <input type="radio"/> 4 | <input type="radio"/> 3 | <input type="radio"/> 3 |
| | <input type="radio"/> 4 | <input type="radio"/> 4 |
| | <input type="radio"/> 5 | <input type="radio"/> 5 |
| | <input type="radio"/> 6 | <input type="radio"/> 6 |
| | <input type="radio"/> 7 | <input type="radio"/> 7 |
| | <input type="radio"/> 8 | <input type="radio"/> 8 |
| | <input type="radio"/> 9 | <input type="radio"/> 9 |



Information About Your Child's Health

15. Would you say that in general your child's health is:

- ☐ Excellent
- ☐ Very Good
- ☐ Good
- ☐ Fair
- ☐ Poor
- ☐ Don't know / Not sure
- ☐ Refuse to answer

16. How do you describe your child's weight?

- ☐ Very underweight
- ☐ Slightly underweight
- ☐ About the right weight
- ☐ Slightly overweight
- ☐ Very overweight
- ☐ Don't know / Not sure
- ☐ Refuse to answer

17. Which of the following are you trying to do about your child's weight?

- ☐ Lose weight
- ☐ Gain weight
- ☐ Stay the same weight
- ☐ I am not trying to do anything about my child's weight
- ☐ Don't know / Not sure
- ☐ Refuse to answer

18. Have you ever been told by a doctor that your child has diabetes?

- ☐ Yes
- ☐ No
- ☐ Don't know/Not sure
- ☐ Refuse to answer

19. During the current school year, how many days has your child missed school for any reason? Do NOT COUNT school activities (Enter "000" for none)

| | | |
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| | | |
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20. During the current school years, how many days has your child missed school due to illness? (Enter "000" for none)

| | | |
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What Your Child Drinks

21. In the past 7 days how often did your child drink regular pop/soda? Do not include diet pop/soda.

- ☐ He/She did not drink regular pop/soda during the past 7 days
- ☐ 1 to 3 times during the past 7 days
- ☐ 4 to 6 times during the past 7 days
- ☐ 1 time per day
- ☐ 2 times per day
- ☐ 3 times per day
- ☐ 4 or more times per day
- ☐ Don't know / Not sure
- ☐ Refuse to answer

22. In the past 7 days how often did your child drink diet pop/soda?

- ☐ He/She did not drink diet pop/soda during the past 7 days
- ☐ 1 to 3 times during the past 7 days
- ☐ 4 to 6 times during the past 7 days
- ☐ 1 time per day
- ☐ 2 times per day
- ☐ 3 times per day
- ☐ 4 or more times per day
- ☐ Don't know / Not sure
- ☐ Refuse to answer



What Your Child Drinks

23. In the past 7 days how often did your child drink sweetened drinks such as Hawaiian Punch®, lemonade, Kool-Aid®, Fruitopia®, sweet tea, Sunny D®, Snapple®, or Sports Drinks such as Gatorade® or Powerade® DO NOT COUNT 100% fruit juice.

- ☐ He/She did not drink sweetened drinks during the past 7 days
- ☐ 1 to 3 times during the past 7 days
- ☐ 4 to 6 times during the past 7 days
- ☐ 1 time per day
- ☐ 2 times per day
- ☐ 3 times per day
- ☐ 4 or more times per day
- ☐ Don't know / Not sure
- ☐ Refuse to answer

24. In the past 7 days how often did your child drink 100 % fruit juices such as orange juice, apple juice, or grape juice? DO NOT COUNT punch, Kool-Aid®, Fruitopia®, sweet tea, Sunny D®, Snapple® or sports drinks such as Gatorade® or Powerade®

- ☐ He/she did not drink 100% fruit juice during the past 7 days
- ☐ 1 to 3 times during the past 7 days
- ☐ 4 to 6 times during the past 7 days
- ☐ 1 time per day
- ☐ 2 times per day
- ☐ 3 times per day
- ☐ 4 or more times per day
- ☐ Don't know / Not sure
- ☐ Refuse to answer

25. In the past 7 days how often did your child drink white milk? Include the milk they drank in a glass, bottle and carton or with cereal.

- ☐ He/She did not drink white milk during the past 7 days
- ☐ 1 to 3 times during the past 7 days
- ☐ 4 to 6 times during the past 7 days
- ☐ 1 time per day
- ☐ 2 times per day
- ☐ 3 times per day
- ☐ 4 or more times per day
- ☐ Don't know/Not sure
- ☐ Refuse to answer

26. In the past 7 days how often did your child drink chocolate milk or other flavored milk like strawberry or vanilla? Include the milk they drank in a glass, bottle or carton

- ☐ He/She did not drink flavored milk during the past 7 days
- ☐ 1 to 3 times during the past 7 days
- ☐ 4 to 6 times during the past 7 days
- ☐ 1 time per day
- ☐ 2 times per day
- ☐ 3 times per day
- ☐ 4 or more times per day
- ☐ Don't know/Not sure
- ☐ Refuse to answer

27. What TYPE of WHITE milk does your child usually use?

- ☐ He/She does not drink white milk
- ☐ Whole milk
- ☐ 2% milk
- ☐ 1% milk
- ☐ Skim/non-fat milk
- ☐ Soy milk
- ☐ Lactaid
- ☐ Don't know/Not sure
- ☐ Refuse to answer

28. In the past 7 days how often did your child drink water?

- ☐ He/She did not drink water during the past 7 days
- ☐ 1 to 3 times during the past 7 days
- ☐ 4 to 6 times during the past 7 days
- ☐ 1 time per day
- ☐ 2 times per day
- ☐ 3 times per day
- ☐ 4 or more times per day
- ☐ Don't know/Not sure
- ☐ Refuse to answer



What Your Child Eats

Think about the past 7 DAYS and all the meals and snacks your child has had from the time he/she got up until he/she went to bed. Be sure to include food your child ate at home, at school, at restaurants, or anywhere else.

Remember: Please mark ONE answer for each question in this section.

29. During the past 7 days, how often did your child eat fruit? Include fresh fruit, fruit salad, raisins, apricots or other dried fruits. DO NOT COUNT fruit juice, punch, lemonade, Gatorade® or Sunny Delight®.

- ☐ He/She did not eat fruit during the past 7 days
- ☐ Some but less than 1 time per day
- ☐ About 1 time per day
- ☐ About 2 times per day
- ☐ About 3 times per day
- ☐ About 4 times per day
- ☐ About 5 or more times per day
- ☐ Don't know / Not Sure
- ☐ Refuse to answer

30. During the past 7 days, how often did your child eat vegetables? Include carrots or other fresh vegetables, raw or cooked vegetables, green salad or potatoes. DO NOT COUNT French fries or potato chips.

- ☐ He/She did not eat vegetables during the past 7 days
- ☐ Some but less than 1 time per day
- ☐ About 1 time per day
- ☐ About 2 times per day
- ☐ About 3 times per day
- ☐ About 4 times per day
- ☐ About 5 or more times per day
- ☐ Don't know / Not Sure
- ☐ Refuse to answer

31. During the past 7 days, how often did your child eat French fries or fried potatoes?

- ☐ He/She did not eat French Fries or fried potatoes during the past 7 days
- ☐ Some but less than 1 time per day
- ☐ About 1 time per day
- ☐ About 2 times per day
- ☐ About 3 times per day
- ☐ About 4 times per day
- ☐ About 5 or more times per day
- ☐ Don't know / Not sure
- ☐ Refuse to answer

32. During the past 7 days, how many food or drink items did your child buy from vending machines in his/her school?

- ☐ There are no vending machines in his/her school
 - ☐ His/Her school has vending machines, but she/he did not use one in the past 7 days
 - ☐ 1 to 3 items in the past 7 days
 - ☐ 4 to 6 items in the past 7 days
 - ☐ 7 or more items in the past 7 days
 - ☐ Don't know/Not sure
 - ☐ Refuse to answer
-



What Your Child Eats

33. During the past 7 days, which of the following did your child buy from a school vending machine? (*Mark all that apply*)

- ☐ There are no vending machines in his/her school
- ☐ His/her school has vending machines, but he/she did not use one in the past 7 days
- ☐ Diet beverages (pop/soda, tea, etc.)
- ☐ Regular pop/soda
- ☐ Sweetened drinks other than pop/soda (like Fruitopia®, Snapple®, Iced tea, Sunny D® or sports drinks such as Gatorade®, Powerade®)
- ☐ Water
- ☐ 100% Fruit juice or fruit
- ☐ Salty snacks, NOT low fat (like Doritos®, Fritos®, Potato Chips)
- ☐ Candy of any kind
- ☐ Cookies, brownies, snack cakes and granola bars
- ☐ Ice Cream
- ☐ Other
- ☐ Don't know/Not sure
- ☐ Refuse to answer

34. In the past 7 days, how many times did your child eat at a restaurant such as McDonald's, Pizza Hut or other pizza place, Burger King, Wendy's, Dairy Queen and so on...?

- ☐ Did NOT eat at a restaurant in the past 7 days
- ☐ 1 time in the past 7 days
- ☐ 2 to 3 times in the past 7 days
- ☐ 4 to 6 times in the past 7 days
- ☐ 7 or more times in the past 7 days
- ☐ Don't know / Not sure
- ☐ Refuse to answer

35. Overall, when you think about the foods your child ate over the past 12 months, would you say his/her diet was low, medium or high in fat?

- ☐ Low
- ☐ Medium
- ☐ High
- ☐ Don't know / Not sure
- ☐ Refuse to answer

36. How often does your child sit down with other members of your family to eat a meal?

- ☐ Never
- ☐ Some days
- ☐ Most days
- ☐ Every day
- ☐ Don't know / Not sure
- ☐ Refuse to answer

Please Proceed to the next section



How Your Child Spends His/Her Time

Remember: Please mark ONE answer for each question in this section.

37. Is there a television in the room where your child sleeps?

- ☐ Yes
- ☐ No
- ☐ Don't know / Not sure
- ☐ Refuse to answer

38. Please select the sentence that best describes how much TV your child can watch:

- ☐ He/She can watch as much TV as they want
 - ☐ I or other adults I live with sometimes limit how much he/she may watch
 - ☐ I or other adults I live with always limit how much TV he/she may watch
 - ☐ Don't know / Not sure
 - ☐ Refuse to Answer
-

39. Do you have rules about which television programs or movies your child is allowed to watch?

- ☐ Yes
- ☐ No
- ☐ Don't know/Not sure
- ☐ Refuse to answer

40. During a typical school week (Monday-Friday), how many hours does your child watch TV?

- ☐ He/She does not watch TV during a typical school week
 - ☐ Some but less than 5 hours per week
 - ☐ 5 hours to less than 10 hours per week
 - ☐ 10 to less than 15 hours per week
 - ☐ 15 to less than 20 hours per week
 - ☐ 20 to less than 25 hours per week
 - ☐ 25 to less than 30 hours per week
 - ☐ 30 hours or more per week
 - ☐ Don't know / Not sure
 - ☐ Refuse to answer
-

41. During a typical school week (Monday-Friday), how many hours does your child spend watching video tapes or DVDs?

- ☐ He/She does not watch video tapes or DVDs during a typical school week
- ☐ Some but less than 5 hours per week
- ☐ 5 hours to less than 10 hours per week
- ☐ 10 to less than 15 hours per week
- ☐ 15 to less than 20 hours per week
- ☐ 20 to less than 25 hours per week
- ☐ 25 to less than 30 hours per week
- ☐ 30 hours or more per week
- ☐ Don't know / Not sure
- ☐ Refuse to answer

42. During a typical school week (Monday-Friday), how many hours does your child spend using the Internet for fun (like for shopping or email)?

- ☐ He/She does not use the internet during a typical school week
- ☐ Some but less than 5 hours per week
- ☐ 5 hours to less than 10 hours per week
- ☐ 10 to less than 15 hours per week
- ☐ 15 to less than 20 hours per week
- ☐ 20 to less than 25 hours per week
- ☐ 25 to less than 30 hours per week
- ☐ 30 hours or more per week
- ☐ Don't know / Not sure
- ☐ Refuse to answer



How Your Child Spends His/Her Time

Remember: Please mark ONE answer for each question in this section.

43. During a typical school week (Monday-Friday), how many hours does your child spend playing interactive electronic games (computer games, Nintendo®, PlayStation®, GameBoy® or any similar system)?

- ☐ He/She does not play interactive electronic games during a typical school week
- ☐ Some but less than 5 hours per week
- ☐ 5 hours to less than 10 hours per week
- ☐ 10 to less than 15 hours per week
- ☐ 15 to less than 20 hours per week
- ☐ 20 to less than 25 hours per week
- ☐ 25 to less than 30 hours per week
- ☐ 30 hours or more per week
- ☐ Don't know / Not sure
- ☐ Refuse to answer

44. During a typical school week (Monday-Friday), how many hours does your child spend doing homework or reading?

- ☐ He/She does not do homework or read during a typical school week
- ☐ Some but less than 5 hours per week
- ☐ 5 hours to less than 10 hours per week
- ☐ 10 to less than 15 hours per week
- ☐ 15 to less than 20 hours per week
- ☐ 20 to less than 25 hours per week
- ☐ 25 to less than 30 hours per week
- ☐ 30 hours or more per week
- ☐ Don't know / Not sure
- ☐ Refuse to answer

45. During a typical weekend (Saturday-Sunday), how many hours does your child watch TV?

- ☐ He/She does not watch TV during a typical weekend
- ☐ Some but less than 5 hours per weekend
- ☐ 5 hours to less than 10 hours per weekend
- ☐ 10 to less than 15 hours per weekend
- ☐ 15 to less than 20 hours per weekend
- ☐ 20 to less than 25 hours per weekend
- ☐ 25 to less than 30 hours per weekend
- ☐ 30 hours or more per weekend
- ☐ Don't know / Not sure
- ☐ Refuse to answer

46. During a typical weekend (Saturday-Sunday), how many hours does your child spend watching video tapes or DVDs?

- ☐ He/She does not watch video tapes or DVDs during a typical weekend
- ☐ Some but less than 5 hours per weekend
- ☐ 5 hours to less than 10 hours per weekend
- ☐ 10 to less than 15 hours per weekend
- ☐ 15 to less than 20 hours per weekend
- ☐ 20 to less than 25 hours per weekend
- ☐ 25 to less than 30 hours per weekend
- ☐ 30 hours or more per weekend
- ☐ Don't know / Not sure
- ☐ Refuse to answer

47. During a typical weekend (Saturday-Sunday), how many hours does your child spend doing homework or reading?

- ☐ He/She does not do homework or read during a typical weekend
- ☐ Some but less than 5 hours per weekend
- ☐ 5 hours to less than 10 hours per weekend
- ☐ 10 to less than 15 hours per weekend
- ☐ 15 to less than 20 hours per weekend
- ☐ 20 to less than 25 hours per weekend
- ☐ 25 to less than 30 hours per weekend
- ☐ 30 hours or more per weekend
- ☐ Don't know / Not sure
- ☐ Refuse to answer

48. During a typical weekend (Saturday-Sunday), how many hours does your child spend playing interactive electronic games (computer games, Nintendo®, PlayStation®, GameBoy® or any similar system)?

- ☐ He/She does not play interactive electronic games during a typical weekend
- ☐ Some but less than 5 hours per weekend
- ☐ 5 hours to less than 10 hours per weekend
- ☐ 10 to less than 15 hours per weekend
- ☐ 15 to less than 20 hours per weekend
- ☐ 20 to less than 25 hours per weekend
- ☐ 25 to less than 30 hours per weekend
- ☐ 30 hours or more per weekend
- ☐ Don't know / Not sure
- ☐ Refuse to answer



How Your Child Spends His/Her Time

49. During a typical weekend (Saturday-Sunday), how many hours does your child spend using the Internet for fun (like for shopping or email)?

- ☐ He/She does not use the internet during a typical weekend
 - ☐ Some but less than 5 hours per weekend
 - ☐ 5 hours to less than 10 hours per weekend
 - ☐ 10 to less than 15 hours per weekend
 - ☐ 15 to less than 20 hours per weekend
 - ☐ 20 to less than 25 hours per weekend
 - ☐ 25 to less than 30 hours per weekend
 - ☐ 30 hours or more per weekend
 - ☐ Don't know / Not sure
 - ☐ Refuse to answer
-

Physical Activity

Physical Activity is any activity that increases your heart rate and makes you get out of breath some of the time.

Physical Activity can be done in sports, playing with friends, or walking to school.

Some examples of **physical activity** are running, brisk walking, rollerblading, biking, skateboarding, dancing, swimming, soccer, basketball, football, volleyball and surfing.

For the following two questions (50, 51) add up all the time your child spends in physical activity each day (DO NOT INCLUDE physical education or gym class).

50. Over the past 7 days, on how many days was your child physically active for a total of at least 60 minutes per day?

- ☐ 0 days
- ☐ 1 day
- ☐ 2 days
- ☐ 3 days
- ☐ 4 days
- ☐ 5 days
- ☐ 6 days
- ☐ 7 days
- ☐ Don't know / Not sure
- ☐ Refuse to answer

51. Over a typical or usual week, on how many days was your child physically active for a total of at least 60 minutes per day?

- ☐ 0 days
- ☐ 1 day
- ☐ 2 days
- ☐ 3 days
- ☐ 4 days
- ☐ 5 days
- ☐ 6 days
- ☐ 7 days
- ☐ Don't know / Not sure
- ☐ Refuse to answer



Physical Activity

Remember: Please mark ONE answer for each question in this section.

52. In typical or usual week when your child is in school, on how many days does he/she go to physical education (PE) classes?

- ☐ 0 days
- ☐ 1 day
- ☐ 2 days
- ☐ 3 days
- ☐ 4 days
- ☐ 5 days
- ☐ Don't Know / Not sure
- ☐ Refuse to Answer

53. During a typical or usual physical education (PE) class, how many minutes does your child spend actually exercising or playing sports?

- ☐ My child does not take PE
- ☐ Less than 10 minutes
- ☐ 10 to 20 minutes
- ☐ 21 to 30 minutes
- ☐ 31 to 40 minutes
- ☐ 41 to 50 minutes
- ☐ 51 to 60 minutes
- ☐ More than 60 minutes

54. When weather permits, on how many days per week does your child usually walk to school?

- ☐ 0 days
- ☐ 1 day
- ☐ 2 days
- ☐ 3 days
- ☐ 4 days
- ☐ 5 days

55. When weather permits, on how many days per week does your child usually ride a bicycle to school?

- ☐ 0 days
- ☐ 1 day
- ☐ 2 days
- ☐ 3 days
- ☐ 4 days
- ☐ 5 days

56. Has your child been on any sports teams during the past year at school or outside of school? (Mark either yes or no for each item in both columns.)

| Sports Teams at School | No | Yes | Sports Teams Outside of School | No | Yes |
|------------------------------|-----------------------|-----------------------|--------------------------------|-----------------------|-----------------------|
| a. Baseball or Softball | <input type="radio"/> | <input type="radio"/> | a. Baseball or Softball | <input type="radio"/> | <input type="radio"/> |
| b. Basketball | <input type="radio"/> | <input type="radio"/> | b. Basketball | <input type="radio"/> | <input type="radio"/> |
| c. Cheerleading | <input type="radio"/> | <input type="radio"/> | c. Cheerleading | <input type="radio"/> | <input type="radio"/> |
| d. Football | <input type="radio"/> | <input type="radio"/> | d. Football | <input type="radio"/> | <input type="radio"/> |
| e. Golf | <input type="radio"/> | <input type="radio"/> | e. Golf | <input type="radio"/> | <input type="radio"/> |
| f. Ice, Field, Roller Hockey | <input type="radio"/> | <input type="radio"/> | f. Ice, Field, Roller Hockey | <input type="radio"/> | <input type="radio"/> |
| g. Soccer | <input type="radio"/> | <input type="radio"/> | g. Soccer | <input type="radio"/> | <input type="radio"/> |
| h. Swimming | <input type="radio"/> | <input type="radio"/> | h. Swimming | <input type="radio"/> | <input type="radio"/> |
| i. Tennis | <input type="radio"/> | <input type="radio"/> | i. Tennis | <input type="radio"/> | <input type="radio"/> |
| j. Track and Field | <input type="radio"/> | <input type="radio"/> | j. Track and Field | <input type="radio"/> | <input type="radio"/> |
| k. Volleyball | <input type="radio"/> | <input type="radio"/> | k. Volleyball | <input type="radio"/> | <input type="radio"/> |
| l. Gymnastics | <input type="radio"/> | <input type="radio"/> | l. Gymnastics | <input type="radio"/> | <input type="radio"/> |
| m. Wrestling | <input type="radio"/> | <input type="radio"/> | m. Wrestling | <input type="radio"/> | <input type="radio"/> |
| n. Other (specify): _____ | <input type="radio"/> | <input type="radio"/> | n. Other (specify): _____ | <input type="radio"/> | <input type="radio"/> |



Physical Activity

57. Has your child taken any classes, lessons, or special programs during the past year (outside of school only)?
(Mark either yes or no for each item.)

| | No | Yes |
|---------------------------------|-----------------------|-----------------------|
| a. Dance (ballet, jazz, modern) | <input type="radio"/> | <input type="radio"/> |
| b. Aerobics | <input type="radio"/> | <input type="radio"/> |
| c. Figure Skating | <input type="radio"/> | <input type="radio"/> |
| d. Gymnastics | <input type="radio"/> | <input type="radio"/> |
| e. Martial Arts | <input type="radio"/> | <input type="radio"/> |
| f. Skiing | <input type="radio"/> | <input type="radio"/> |
| g. Swimming | <input type="radio"/> | <input type="radio"/> |
| h. Tennis | <input type="radio"/> | <input type="radio"/> |
| n. Other (specify): _____ | <input type="radio"/> | <input type="radio"/> |

Thank You For Completing This Survey!



K-CHAMP Data Form

ANTHROPOMETRY DATA FORM

Kansas Department of Health & Environment

Spring 2005

Directions: To keep the measurements standardized, please adhere to the CDC guidelines outlined in the protocol provided in your packet. Important steps to remember prior to measuring height and weight include: 1. have students remove their shoes. 2. have students remove heavy outer clothing (such as sweaters, jackets and vests) 3. have students remove hair ornaments, buns, (if possible) anything that could interfere with achieving an accurate measurement. Remember, when measuring height and weight make sure the headpiece fits snugly against the crown of the head. Please document any problems you experience when measuring height and/or weight in the space provided below.

Height: Please take two measurements of the student's height using either the English Formula or Metric Formula. The repeat measurement should agree within 1/4 inch English or 1 cm Metric. If the second measurement does not agree within 1/4 inch or 1 cm, please take a third reading. The measurement should be recorded to the *nearest 1/8 inch when using the English Formula and 0.1 cm if you choose to use the Metric Formula*. Please mark the appropriate circle below indicating which measurement formula was utilized for data collection.

| | | | |
|--|--|--|--|
| <input type="radio"/> English: (record in inches) | 1st Reading | 2nd Reading | 3rd Reading (if needed) |
| or | <input type="text"/> <input type="text"/> & <input type="text"/> /8 in. | <input type="text"/> <input type="text"/> & <input type="text"/> /8 in. | <input type="text"/> <input type="text"/> & <input type="text"/> /8 in. |
| <input type="radio"/> Metric (record in centimeters) | <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> cm | <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> cm | <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> cm |

Weight: Please take two measurements of the student's weight using *either the English Formula or Metric Formula*. The measurements should be recorded to the nearest 1/4 pound for English or 0.1 kg for Metric. Please mark the appropriate circle below indicating which measurement formula was utilized for data collection.

| | | |
|--|---|---|
| <input type="radio"/> English: (record in inches) | 1st Reading | 2nd Reading |
| or | <input type="text"/> <input type="text"/> <input type="text"/> & <input type="text"/> /4 lbs. | <input type="text"/> <input type="text"/> <input type="text"/> & <input type="text"/> /4 lbs. |
| <input type="radio"/> Metric (record in centimeters) | <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> kg | <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> kg |

Height & Weight Interference: Please indicate if there were any problems with retrieving an accurate height and/or weight measurement.

☐ Wearing bulky or heavy clothing, cast/splint, leg braces

☐ Other (please specify) _____
(student in wheelchair, pregnancy, etc.)

Form Completed by:

Initials (first, middle, last)

Today's Date:

 / /